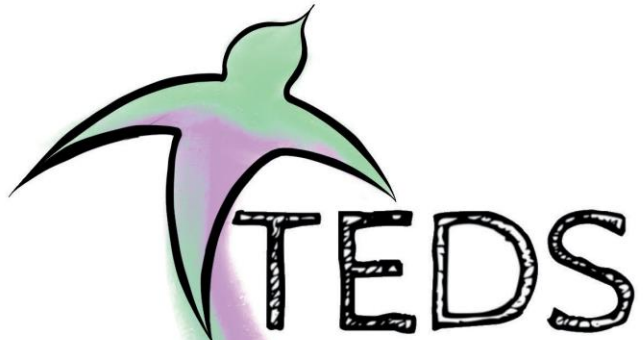


**NHS**

Oxford Health  
NHS Foundation Trust



The Eating Disorder Service



Children & Young People's  
Specialist Eating Disorder Service in  
Bath and North East Somerset,  
Swindon and Wiltshire

**Information for Referrers**

Eating disorders are common in adolescence. If they are detected early and there is access to specialist treatment the prognosis is very good. However, if left untreated, or treated inadequately, the disorder can become chronic and difficult to treat.

Many adults with long term eating disorders developed their initial symptoms in the adolescent years. This service will provide easy access for patients where an eating disorder is suspected.

## **A summary of our service**

TEDS is a specialist eating disorders service for children and young people (up to 18 years of age) where early intervention is encouraged to prevent the illness becoming entrenched. We provide prompt assessment and treatment for young people and families experiencing eating disorders.

The service aims to restore physical health and psychological wellbeing in a safe and collaborative manner. The service has four central bases located in Keynsham, Melksham, Salisbury and Swindon (also serving Marlborough).

## **Description of CAMHS TEDS**

This specialist service has been developed with funding from NHS England, following a national review of outcomes for young people with eating disorders. The aim is to reduce inpatient admissions and promote improved long term outcomes.

TEDS encourages early intervention and provides prompt support and treatment for young people and families experiencing eating disorders.

The service aims to restore physical health and psychological wellbeing in a safe and collaborative manner, within a culture of continuous learning and innovation.

This service accepts referrals of suspected eating disorders from:

- GPs
- Other professionals involved with young people e.g. school nurses, teachers
- Self-referrals from individual/parents/carers

For most young people, a family-based treatment that directly addresses the eating disorder will be the recommended intervention.

## Description of CAMHS TEDS continued...

Other interventions include individual cognitive behavioural therapy for the young person, nutritional management, medical monitoring, individual and parent support, parent support groups, and multi-family treatment.

Those patients who require a higher intensity of care may be offered home-based treatment with the CAMHS outreach service or be referred to an inpatient psychiatric unit or paediatric ward in the case of serious medical risk.

## Who are we?

We are a multi-disciplinary team of mental health professionals who are trained and specialise in the treatment of eating disorders in young people. Our team includes consultant psychiatrists, clinical psychologists, family therapists, specialist nurses, mental health practitioners, outreach support workers and dietitians.

## Early signs of eating disorders

**Physical** - loss of weight, fainting/dizziness, loss of energy, muscle weakness, sleep disturbance, susceptibility to infection, loss of menstruation, constipation/bloating, repeated vomiting, swollen glands under the jaw or frequent dental problems (if there is repeated vomiting).

**Behavioural changes** - counting calories, restricting the amount or range of food eaten, eating alone or missing meals, secretiveness, hiding food, frequent visits to the toilet, taking a long time to eat meals, cutting food into small pieces, excessive body checking, over-exercising, wearing baggy clothes.

**Psychological** - preoccupation with food and eating, concerns about weight and shape, feeling compelled to restrict intake, fear of eating.

## Non-specific signs that may accompany eating disorders

**Psychological** - low mood, loss of interest, poor concentration, withdrawal, disturbed family relationships.

**Social/educational** - withdrawal from family and friends, loss of interest in activities, poor concentration, difficult family relationships.

**NB: The non-specific signs may also be a feature of other mental health disorders such as depression or anxiety.**

## Diagnostic features

### Anorexia nervosa

- Weight loss at least 15% below the body weight expected (or BMI less than 17.5) or failure to gain weight as part of normal growth and development
- Weight loss is self-induced by avoidance of “fattening” foods
- Over evaluation of weight or shape
- Abnormal hormonal function (loss of menstruation in females)

### Bulimia Nervosa

- Recurrent binge eating
- Over evaluation of weight and shape
- Purging (self-induced vomiting, laxative or diuretic abuse, restrictive dieting or over exercise)

### Atypical eating disorders

Eating disorder symptoms that do not meet all the above criteria although cause significant concern/impact (common in young people).

### Assessment in primary care

Clarification of history and symptoms of eating disorder as above, along with a brief summary of family and personal background. Useful questions include:

- Are you trying to lose weight?
- Do you ever make yourself sick after eating?
- Do you worry about losing control of your eating?
- Do you think you are fat when others say you are too thin?
- Would you say that food dominates your life?

### Physical assessment and investigations

If an eating disorder is suspected, physical assessment is indicated to exclude other causes of low weight and identify any physical consequences of the disorder.

This will include weight and height, seated and lying blood pressure and pulse rate, ECG and a range of bloods to be taken as well as a general examination to exclude other causes of weight loss.

Recommended initial blood investigations include: full blood count, serum urea and electrolytes levels, phosphate, magnesium, calcium, liver function tests, random glucose, plasma glucose and thyroid function tests.

## Criteria & how to refer

The service accepts referrals of young people under the age of 18 where there is concern about a possible eating disorder (anorexia nervosa, bulimia nervosa or an eating disorder not otherwise specified).

In all of these conditions, the young person will have significant concerns about their weight and shape. The service is **not** set up to see young people with obesity or those who have feeding/eating problems related to other diagnoses such as anxiety/depression/ASD where the **core problem** is not an over evaluation of weight and shape.

Outcomes for eating disorders are much better if specialist treatment is sought early. Referrals will be accepted from any professional working with the young person.

Referrals will be accepted via the standard Child & Adolescent Mental Health Service (CAMHS) referral routes and should be sent to your local CAMHS site team which are detailed on page 8.

## Online referral system

[www.oxfordhealth.nhs.uk/swb-referrals](http://www.oxfordhealth.nhs.uk/swb-referrals)

We have an online referral system for young people who live in Wiltshire or Bath and North East Somerset. If the young person lives in the Swindon area, please contact the Swindon TAMHS service instead to get help. Online referrals will also be accepted from parents and carers as well as from young people directly (self-referrals).

For all eating disorder referrals accepted by TEDS, as standard, we request for a number of physical tests (Bloods, ECG, weight and height and

blood pressure) to be carried out ideally before we see the child/young person. If you are making a referral, please ask the family to book into their local GP Surgery for these tests in preparation for an initial assessment if accepted.

**Very Important: Please ensure a referral has at least one telephone number where the family can be contacted during the working day so that a member of our TEDS team can get hold of them.**

## GP Referral protocol

If an eating disorder is suspected, an early referral to CAMHS is recommended using your standard GP referral pro-forma/letter highlighting a possible eating disorder which should include **information on weight, height, blood pressure and pulse rate, ECG and recent blood results (or confirming they have been booked in for bloods and an ECG if they have not had time to be taken). The referral should be faxed or posted to your nearest local CAMHS TEDS base (local site contact details on page 8).**

If the case is urgent, e.g. very low weight, rapid weight loss or serious psychiatric comorbidity such as suicidal risk, we suggest ringing the service directly, backed up by a written referral (marked urgent and faxed to the service).

In the case of a physical health emergency the young person should be referred immediately to Paediatrics. A useful guideline for assessment and management of physical risk is the Junior Marsipan Guideline - [http://www.rcpsych.ac.uk/files/pdfvers\\_ion/CR168.pdf](http://www.rcpsych.ac.uk/files/pdfvers_ion/CR168.pdf)

If it is unclear whether an eating disorder referral should be submitted, TEDS can be consulted at your local site CAMHS TEDS team (Page 8).

**Once the referral has been received by our local CAMHS site team, it will be passed to TEDS. TEDS aims to carry out emergency assessments within 24 hours of the referral, urgent assessments within one week of the referral and routine assessments within four weeks of the referral. Specialist NICE concordant treatment, if appropriate, is normally started on the day of assessment.**

TEDS aims to provide treatment consistent with The National Institute for Health and Care Excellence (NICE) guidelines for eating disorders (2004) and in line with guidance from the NHS England 'Access and Waiting Time Standards for Eating Disorders'.

This may include the Maudsley model family based treatment for eating disorders, cognitive behavioural therapy, physical assessment, systemic therapy, parent support groups and regular monitoring/reviews.

If a higher intensity of support is needed, the Outreach Service for Children and Adolescents (OSCA) home treatment team may become involved.

## Cases referred to CAMHS from other referral routes

If a young person is referred from non-medical referrers (including school health nurses, counsellors or a self-referral) the young person will be asked to see their GP for physical assessment, ECG and blood screening (to exclude other causes of weight loss) as soon as possible. A medic from the TEDS team will make contact to discuss this.

## Joint Care with TEDS

In rare circumstances the GP may be asked to regularly review the young person's weight and physical health (if the patient will not engage with TEDS and is at risk, but will agree to be reviewed by the GP).



## Care Programme Approach

The young person will be treated within a CPA framework. This is a structured approach to care, involving the allocation of a care co-ordinator, creating a care plan and having regular reviews.

The GP may be invited to join CPA reviews, particularly at the time of discharge. If the GP is unable to attend the review, a clinician from the TEDS service may approach the GP for an update.

## Length of treatment

This will usually depend on the severity and history of the eating disorder. Normally we would expect treatment to last nine months to a year (this may be around 20 sessions, spaced out for the last few months), but may take longer to achieve a full recovery. Generally, treatment will be more intensive at the start and appointments will become further apart as recovery progresses.

## Higher intensity treatment

Some young people with eating disorders find it very difficult to make the changes needed in order to get better. If a higher intensity of support is needed, the Outreach Service for Children and Adolescents (OSCA) home treatment team may become involved.

The home treatment team can provide intensive and home-based support, for example around mealtimes. Sometimes, this can be a way of avoiding a hospital admission. The need for higher intensity support will always be discussed with the family in advance.

## Inpatient treatment

If a young person's physical health is at risk or if their mental health deteriorates and they are not able to access community based care, it is sometimes necessary to refer a young person to a paediatric ward or an inpatient adolescent facility for a short period of inpatient care either locally or further afield, depending on bed availability.

## Communication from TEDS

Following the initial assessment, referrers and GPs will receive an assessment summary within one week of assessment, which will include the plan for ongoing care. Update reports will be provided after every CPA review.

## Out of Hours

In a crisis, a family can approach their out of hours GP service, who will ask a series of questions to assess symptoms and immediately direct to the best medical care, which could include the CAMHS out of hours team.

## Useful Self-help Links

[www.maudsleyparents.org/welcome.html](http://www.maudsleyparents.org/welcome.html)  
[www.b-eat.co.uk](http://www.b-eat.co.uk)  
[www.anorexiafamily.com](http://www.anorexiafamily.com)  
[www.youngminds.org.uk](http://www.youngminds.org.uk)  
[www.bda.uk.com](http://www.bda.uk.com)  
[www.kcl.ac.uk/iop/depts/pm/research/eatingdisorders/index.aspx](http://www.kcl.ac.uk/iop/depts/pm/research/eatingdisorders/index.aspx)  
[www.great.me.uk](http://www.great.me.uk)  
[www.relate.org.uk](http://www.relate.org.uk)  
[www.childline.org.uk](http://www.childline.org.uk)  
[http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info\\_ID=48](http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=48)

## TEDS BaNES, Swindon & Wiltshire Site contact information

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**BaNES** Temple House, Temple Court, Temple Street, Keynsham, Bristol, BS31 1HA  
**CAMHS** Tel: 01865 903889, Email: [oxfordhealth.camhs.banesccommunity@nhs.uk](mailto:oxfordhealth.camhs.banesccommunity@nhs.uk)

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**Melksham** Melksham Hospital, Spa Road, Melksham, Wiltshire, SN12 7NZ  
**CAMHS** Tel: 01865 903777, Email: [obmh.melkshamcamhs@nhs.uk](mailto:obmh.melkshamcamhs@nhs.uk)

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**Salisbury** Entrance B, The Green, Salisbury District Hospital, Salisbury, Wiltshire, SP2 8BJ  
**CAMHS** Tel: 01722 336262, Ext: 2779, Email: [obmh.salisburycamhs@nhs.uk](mailto:obmh.salisburycamhs@nhs.uk)

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**Swindon** Marlborough House, Okus Road, Swindon, SN1 4JS Tel: 01865 903422  
**CAMHS**

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**Marlborough** The Lavington Centre, Savernake Hospital, London Road, Marlborough,  
**CAMHS** SN8 3HL Tel: 01865 904666, Email: [obhm.marlboroughcamhs@nhs.uk](mailto:obhm.marlboroughcamhs@nhs.uk)

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**If you would like to discuss a potential referral, please call your local CAMHS site TEDS team who will be able to advise you.**

### Oxford Health NHS Foundation Trust

Trust Headquarters, Warneford Hospital Warneford Lane, Headington. Oxford, OX3 7JX  
Switchboard: 01865 901000

Email: [enquiries@oxfordhealth.nhs.uk](mailto:enquiries@oxfordhealth.nhs.uk) Website: [www.oxfordhealth.nhs.uk](http://www.oxfordhealth.nhs.uk)